

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

1444 DUKE STREET

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255695

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2019

through

M M M / D D D / Y Y Y Y Y Y
02 28 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hagan, Timothy, R., Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Hagan, Timothy, R., Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		13728.12
(b) Cash on Hand at Beginning of Reporting Period.....	27477.51	
(c) Total Receipts (from Line 19)	123388.83	299352.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150866.34	313080.95
7. Total Disbursements (from Line 31).....	123329.28	285543.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27537.06	27537.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	54402.36	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	9

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47582.55	138974.55
(ii) Unitemized	71924.28	148271.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	119506.83	287245.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	119506.83	287245.83
12. Transfers From Affiliated/Other Party Committees.....	355.00	355.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3527.00	11752.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123388.83	299352.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	123388.83	299352.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	123329.28	285543.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123329.28	285543.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	123329.28	285543.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123329.28	285543.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	119506.83	287245.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119506.83	287245.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	123329.28	285543.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	123329.28	285543.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abernathy, Matthew, Benjamin, , I

Mailing Address 9067 Parlor Dr

City
Ladson

State
SC

Zip Code
29456-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coastal Resource Staffing

Occupation (for Individual)
Landscaper/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.98208

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abernathy, Matthew, Benjamin, , I

Mailing Address 9067 Parlor Dr

City
Ladson

State
SC

Zip Code
29456-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coastal Resource Staffing

Occupation (for Individual)
Landscaper/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2019

Transaction ID : SA11AI.98209

Amount of Each Receipt this Period

106.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ables, William, , ,

Mailing Address 111 Center St Ste 1200

City
Little Rock

State
AR

Zip Code
72201-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
William Ables Attorney at Law, PLLC

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11AI.98211

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

606.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amato, Joseph, S., ,

Mailing Address 25107 Flying Arrow

City
San Antonio

State
TX

Zip Code
78258-2730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Civil Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.98244

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beavers, Anthony, , ,

Mailing Address 695 Burns Ave

City
Altoona

State
PA

Zip Code
16601-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hampton Tedder Technical Services

Occupation (for Individual)
Test Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5421.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98365

Amount of Each Receipt this Period

2825.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beier, Jeffrey, , ,

Mailing Address 21444 Sky Ridge Plz

City
Elkhorn

State
NE

Zip Code
68022-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bonded Fibers

Occupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : SA11AI.98377

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

4575.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bennett, Freddie, L., ,

Mailing Address 10578 Rochester Rd

City
East Rochester

State
OH

Zip Code
44625-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98391

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BitPay Merchant Services

Mailing Address 3423 Piedmont Rd NE
Suite 200

City
Atlanta

State
GA

Zip Code
30305-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.101463

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution of bitcoins via Bitpay Merchant Services
(See Memo)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Dayl, C., Mr.,

Mailing Address 24 Servan Ct

City
Wilmington

State
DE

Zip Code
19805-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Private Teacher & Tutor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.101463.0

Amount of Each Receipt this Period

25.00

☒ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.101463

This contribution was conducted through Bitpay, an online bitcoin payment processor. The contribution was denominated in U.S. dollars through the Libertarian National Committee website, converted from bitcoin into U.S. dollars by Bitpay at a fixed conversion rate at the time of the transaction, and the contribution deposited in U.S. dollars by Bitpay into the Libertarian National Committee bank account on the following business day. The name, address, employer, and occupation of the contributor were collected on the website at the time of the contribution, the contribution was deemed to be eligible, and all information has been disclosed on Schedule A, Line 11(a)(i) (11 C.F.R. 104.3 (a)(4), 104.8) . Thus the Committee has complied with the deposit requirement (11 C.F.R. 103.2) and the requirement of keeping account of contributor information and determining the eligibility of the contribution (11 C.F.R. 103.3(b), 110.4, and Advisory Opinion 2012-26. The contribution has been reported at the full amount in U.S. dollars and all transaction fees have been disclosed in U.S. dollars on Schedule B, Line 21(b). 11 C.F.R.102.9(b), 104.3(b)(3)-104.3(b)(4). Since the LNC did not receive bitcoins directly, it does not know the amount of bitcoins exchanged. This transaction has been disclosed to comply with the requirements of Advisory Opinion 2014-02.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bray, Neil, , Mr.,

Mailing Address 13279 Tierra Heights Rd

City
Redding

State
CA

Zip Code
96003-7488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98507

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brooks, Gary, , ,

Mailing Address 110 E Main St

City

Iron Mountain

State

MI

Zip Code

49801-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Electrician/disabled

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.98531

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brulinski, Ryan, Paul, ,

Mailing Address 1112 Colorado St

City

Bellevue

State

NE

Zip Code

68005-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.98545

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brungart, Dustin, , ,

Mailing Address 2705 Canterbury Dr

City
Imperial

State
PA

Zip Code
15126-9168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proofpoint, Inc.

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.98549

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burkholder, Matt, , ,

Mailing Address 3309 Ave O
PO Box 88

City
Cozad

State
NE

Zip Code
69130-0088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Island Dehy

Occupation (for Individual)

Agriculture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA11AI.98574

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Charles, Michael, , Mr.,

Mailing Address 33 Golden Star

City
Irvine

State
CA

Zip Code
92604-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11AI.98655

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

603.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, Alicia, Garcia, Ms.,

Mailing Address 437 S Orange Grove Blvd Apt 5

City
Pasadena

State
CA

Zip Code
91105-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98676

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clift, Robert, E., ,

Mailing Address 6402 Hampton Dr

City
Anchorage

State
AK

Zip Code
99504-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11AI.98684

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clinard, Frank, W., Mr., Jr.

Mailing Address 301 Griffin St

City
Santa Fe

State
NM

Zip Code
87501-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11AI.98685

Amount of Each Receipt this Period

1600.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crawford, Cristina, M., Ms.,

Mailing Address PO Box 226

City
SherbornState
MAZip Code
01770-0226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98753

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crikis, Anthony, C., ,

Mailing Address 8537 Acree Rd

City
JacksonvilleState
FLZip Code
32219-1111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSX TransportationOccupation (for Individual)
communications tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98756

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. D'Arcy, Toni, , ,

Mailing Address 42 Colgate Dr

City
Rancho MirageState
CAZip Code
92270-3724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98788

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Danly, James, C., Mr., Jr.

Mailing Address 402 Charlesgate Ct

City
NashvilleState
TNZip Code
37215-1841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Danly InternationalOccupation (for Individual)
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.98786

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dasbach, Stephen, L., Mr.,

Mailing Address 8190 Strawberry Ln Apt 518

City
Falls ChurchState
VAZip Code
22042-1042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairfax County Public SchoolsOccupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2019

Transaction ID : SA11AI.98789

Amount of Each Receipt this Period

205.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Daugherty, Dennis, K., ,

Mailing Address PO Box 2512

City
PuebloState
COZip Code
81004-0512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Resource Development AgencyOccupation (for Individual)
Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2019

Transaction ID : SA11AI.98790

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

705.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Daugherty, Lauren, , ,

Mailing Address 5236 Lake Shore Dr

City
Waco

State
TX

Zip Code
76710-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LNC

Occupation (for Individual)
Political Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98791

Amount of Each Receipt this Period

15.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Daugherty, Lauren, , ,

Mailing Address 5236 Lake Shore Dr

City
Waco

State
TX

Zip Code
76710-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LNC

Occupation (for Individual)
Political Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2019

Transaction ID : SA11AI.98792

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Daugherty, Lauren, , ,

Mailing Address 5236 Lake Shore Dr

City
Waco

State
TX

Zip Code
76710-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LNC

Occupation (for Individual)
Political Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2019

Transaction ID : SA11AI.98793

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Charles, R., ,

Mailing Address 5517 Blairwood Dr

City
IndianapolisState
INZip Code
46237-6382FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.98802

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dea, Robin, A., ,

Mailing Address 16420 SE McGillivray #103-763

City
VancouverState
WAZip Code
98683FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.98811

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Demarest, David, Pratt, ,

Mailing Address 10812 Park Meadows Plz # 133

City
OmahaState
NEZip Code
68142-1120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Roads to Freedom Foundation

Occupation (for Individual)

Founder, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98823

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Demarest, David, Pratt, ,

Mailing Address 10812 Park Meadows Plz # 133

City
OmahaState
NEZip Code
68142-1120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roads to Freedom FoundationOccupation (for Individual)
Founder, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11AI.98824

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Demarest, David, Pratt, ,

Mailing Address 10812 Park Meadows Plz # 133

City
OmahaState
NEZip Code
68142-1120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roads to Freedom FoundationOccupation (for Individual)
Founder, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.98825

Amount of Each Receipt this Period

55.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Earnheart, Bruce, W., Mr.,

Mailing Address 310 Superior Ave Apt F

City
DaytonState
OHZip Code
45406-5453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aimbridge HospitalityOccupation (for Individual)
Night Auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : SA11AI.98906

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

605.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Engbrecht, Erik, , ,

Mailing Address 1910 Towne Centre Blvd Unit 706

City
Annapolis

State
MD

Zip Code
21401-3739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northrop Grumman

Occupation (for Individual)
Systems Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98941

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Falk, Robert, , Mr.,

Mailing Address 20 Kula Ln

City
Sequim

State
WA

Zip Code
98382-8169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98968

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fast, Richard, , Mr.,

Mailing Address 600 University Ave.
Tu Box 820750

City
Troy

State
AL

Zip Code
36082-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Student

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2019

Transaction ID : SA11AI.98973

Amount of Each Receipt this Period

3290.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferreira, Tim, , ,

Mailing Address 840 E Green St Unit 117

City
Pasadena

State
CA

Zip Code
91101-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DigiStack Inc.

Occupation (for Individual)
Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2019

Transaction ID : SA11AI.98987

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Finkenbiner, Eric, , ,

Mailing Address 1916 Pike Pl Ste 12 # 440

City
Seattle

State
WA

Zip Code
98101-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Department of State

Occupation (for Individual)
Information Management Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.98995

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frey, Larry, D., , III

Mailing Address 612 N Wilbur Ave

City
Sayre

State
PA

Zip Code
18840-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guthrie Corning Hospital

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.99056

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Galloway, Chester, Allen, Mr.,

Mailing Address 1700 NE Tudor Rd

City
Lees Summit

State
MO

Zip Code
64086-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Indian Council of Many Nations

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99086

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gilmore, Suzanne, , Ms.,

Mailing Address PO Box 558694

City
Miami

State
FL

Zip Code
33255-8694

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2019

Transaction ID : SA11AI.99156

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez-Vizoso, Rafael, , ,

Mailing Address 7683 SE 27th St Apt 306

City
Mercer Island

State
WA

Zip Code
98040-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.99182

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

900.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haas, Edward, F., ,

Mailing Address 1577 Oakhurst Dr

City

Mount Pleasant

State

SC

Zip Code

29466-8782

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wendcharles II, LLC

Occupation (for Individual)

Project Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.99253

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hallstrom, John, , ,

Mailing Address 14515 Little Willow Walk

City

Houston

State

TX

Zip Code

77062-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Odyssey Space Research

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : SA11AI.99270

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harvey, Jason, , ,

Mailing Address 710 Grand Blvd

City

Greenwood

State

MS

Zip Code

38930-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

indywood

Occupation (for Individual)

operations manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2019

Transaction ID : SA11AI.99330

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayes, Daniel, E., ,

Mailing Address 405 Bengal Rd

City
River Ridge

State
LA

Zip Code
70123-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

massage therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2019

Transaction ID : SA11AI.99348

Amount of Each Receipt this Period

1980.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Daniel, E., ,

Mailing Address 405 Bengal Rd

City
River Ridge

State
LA

Zip Code
70123-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

massage therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.99349

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Daniel, E., ,

Mailing Address 405 Bengal Rd

City
River Ridge

State
LA

Zip Code
70123-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

massage therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3695.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.99350

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

3480.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayes, Daniel, E., ,

Mailing Address 405 Bengal Rd

City
River Ridge

State
LA

Zip Code
70123-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

massage therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11AI.99351

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Daniel, E., ,

Mailing Address 405 Bengal Rd

City
River Ridge

State
LA

Zip Code
70123-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

massage therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : SA11AI.99352

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hirsch, Robert, , ,

Mailing Address 505 N Lake Shore Dr Apt 5910

City
Chicago

State
IL

Zip Code
60611-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gold Eagle Co.

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2019

Transaction ID : SA11AI.99402

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hunt, David, , ,

Mailing Address 333 S 18th St

City
Blair

State
NE

Zip Code
68008-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99469

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kindel, Lupe, Hernandez, ,

Mailing Address 800 W 1st St Apt 2405

City

Los Angeles

State

CA

Zip Code

90012-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : SA11AI.99607

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kolenich, Karl, , ,

Mailing Address 115 Island Ave

City

Buckhannon

State

WV

Zip Code

26201-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Klie Law Offices

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : SA11AI.99643

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lairamore, Mary, H., ,

Mailing Address 6797 Double Star St

City
Las VegasState
NVZip Code
89135-9115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11AI.99672

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levin, Elisheva, H., ,

Mailing Address 293 Red Hill Draw Rd
HC 32 Box 330City
QuemadoState
NMZip Code
87829-9604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.80

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99734

Amount of Each Receipt this Period

267.80

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loveless, Lucinda, , Ms.,

Mailing Address PO Box 8

City
HondoState
NMZip Code
88336-0008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Independent Oil and Gas Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.99768

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

767.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marsh, John, , Mr.,

Mailing Address 4116 Deep Valley Dr

City
DallasState
TXZip Code
75244-7327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROSSMARKOccupation (for Individual)
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99825

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mary-Casanova, Frederique, , Mrs.,

Mailing Address 23 Rancho Dr

City
SonomaState
CAZip Code
95476-3601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99846

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McLaughlin, Brian, F., ,

Mailing Address 671 16th Way

City
Palm HarborState
FLZip Code
34683-4710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Sportswriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.99894

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mellon, Charles, , Mr.,

Mailing Address PO Box 314

City
WestcliffeState
COZip Code
81252-0314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VHAOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99909

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Merriman, Allen, R, Mr.,

Mailing Address 40 Governor Wentworth Rd

City
AmherstState
NHZip Code
03031-3008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.99920

Amount of Each Receipt this Period

103.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Diana, L., ,

Mailing Address 247 Starboard Ct

City
San JacintoState
CAZip Code
92583-6547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Desert Regional Medical CenterOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.99943

Amount of Each Receipt this Period

120.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

348.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morf, Eduard, E., Mr.,

Mailing Address 908 14th St

City

Hermosa Beach

State

CA

Zip Code

90254-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11AI.99972

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrison, Gary, P., Mr.,

Mailing Address 4098 Oak Point Rd

City

Huntington

State

WV

Zip Code

25701-9749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Landlord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11AI.99988

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moulds, Peter, , ,

Mailing Address 1070 Via Del Pozo

City

Los Altos

State

CA

Zip Code

94022-1098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.99995

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Connell, John, J., Mr., III

Mailing Address PO Box 1161

City
El PradoState
NMZip Code
87529-1161FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : SA11Al.100078

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Donovan, Robert, , ,

Mailing Address 7050 W Alaska Dr

City
LakewoodState
COZip Code
80226-3222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mancos Petroleum ServicesOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11Al.100086

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pellegrino, Anthony, , ,

Mailing Address 75 Glen Forest St

City
ThornwoodState
NYZip Code
10594-1931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11Al.100171

Amount of Each Receipt this Period

125.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

875.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perkins, William, , , III

Mailing Address 6501 Red Hook Plz # 201

City
St Thomas

State
VI

Zip Code
00802-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Small Ventures USA

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11AI.100179

Amount of Each Receipt this Period

10000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phillips, John, R., , Jr.

Mailing Address 441 Shadow Lane

City
Decatur

State
IL

Zip Code
62526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info Requested

Occupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.100207

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phillips, John, R., , Jr.

Mailing Address 441 Shadow Lane

City
Decatur

State
IL

Zip Code
62526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info Requested

Occupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2019

Transaction ID : SA11AI.100208

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phillips, Thomas, Eugene, Dr.,

Mailing Address 1053 Cherry Creek Dr

City
ValdostaState
GAZip Code
31605-5938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENT AssociatesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11AI.100212

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pinker, Samuel, , ,

Mailing Address 5112 NW 167th Pl

City
PortlandState
ORZip Code
97229-1853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Clear Networks, LLCOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA11AI.100227

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Potter, Pamela, E., Ms.,

Mailing Address 538 Spring Place Rd NE

City
WhiteState
GAZip Code
30184-2232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.100260

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Potter, Steven, M., ,

Mailing Address 5750 Deb Drive West

City
W. FargoState
NDZip Code
58078-0000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Canadian Pacific RailwayOccupation (for Individual)
Locomotive Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2019

Transaction ID : SA11AI.100258

Amount of Each Receipt this Period

195.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pratt, G. L., , ,

Mailing Address C/of D. R. Croman - Attorney of Re
4425 W Airport Fwy Ste 242City
IrvingState
TXZip Code
75062-5957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.100272

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ross, Thomas, S., Mr.,

Mailing Address PO Box 123

City
SpoffordState
NHZip Code
03462-0123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info RequestedOccupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2019

Transaction ID : SA11AI.100433

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1445.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scheetz, Steve, , ,

Mailing Address 220 Beech Ave

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMD Performance Materials

Occupation (for Individual)

Coatings Specialist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.100509

Amount of Each Receipt this Period

668.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scheetz, Steve, , ,

Mailing Address 220 Beech Ave

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMD Performance Materials

Occupation (for Individual)

Coatings Specialist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.100510

Amount of Each Receipt this Period

668.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scheetz, Steve, , ,

Mailing Address 220 Beech Ave

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMD Performance Materials

Occupation (for Individual)

Coatings Specialist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1547.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.100511

Amount of Each Receipt this Period

105.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

1442.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scheetz, Steve, , ,

Mailing Address 220 Beech Ave

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMD Performance Materials

Occupation (for Individual)

Coatings Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1697.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2019

Transaction ID : SA11Al.100512

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sedky, Cherif, , ,

Mailing Address 763 S Bates St

City

Birmingham

State

MI

Zip Code

48009-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11Al.100554

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shaber, Joseph, , Mr.,

Mailing Address C/of John C. Lincoln

3514 E Indian School Rd

City

Phoenix

State

AZ

Zip Code

85018-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunshine Designs

Occupation (for Individual)

clothing wholesale

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11Al.100571

Amount of Each Receipt this Period

1600.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shuford, Robert, F, Mr., Jr

Mailing Address 6 Whartons Way

City
Hampton

State
VA

Zip Code
23669-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Point National Bank

Occupation (for Individual)
Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.100599

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sloan, Shannon, , ,

Mailing Address 9943 W Summerfield Dr

City

Denham Spgs

State

LA

Zip Code

70726-1589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Franklin Press Inc

Occupation (for Individual)
Planning Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.100630

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sproul, John, C., Mr.,

Mailing Address 397 Raines Park

City

Rochester

State

NY

Zip Code

14613-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.100708

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sproul, John, C., Mr.,

Mailing Address 397 Raines Park

City
Rochester

State
NY

Zip Code
14613-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11Al.100709

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sproul, John, C., Mr.,

Mailing Address 397 Raines Park

City
Rochester

State
NY

Zip Code
14613-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11Al.100710

Amount of Each Receipt this Period

25.75

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tate, James, , ,

Mailing Address 2449 Chimney Springs Dr

City
Marietta

State
GA

Zip Code
30062-5733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11Al.100796

Amount of Each Receipt this Period

360.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

410.75

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Curry, B., Dr.,

Mailing Address 2813 Willow Ridge Drive

City
GarlandState
TXZip Code
75044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas InstrumentsOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11Al.100804

Amount of Each Receipt this Period

10.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Curry, B., Dr.,

Mailing Address 2813 Willow Ridge Drive

City
GarlandState
TXZip Code
75044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas InstrumentsOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2019

Transaction ID : SA11Al.100805

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Curry, B., Dr.,

Mailing Address 2813 Willow Ridge Drive

City
GarlandState
TXZip Code
75044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas InstrumentsOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11Al.100806

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Karl, S., , Jr.

Mailing Address 49 Foxfire Trce

City

Oak Island

State

NC

Zip Code

28465-8470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : SA11AI.100812

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Turpish, John, , ,

Mailing Address 6640 Akers Mill Rd SE Apt 5201

City

Atlanta

State

GA

Zip Code

30339-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Intercontinental Exchange

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11AI.100915

Amount of Each Receipt this Period

105.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turpish, John, , ,

Mailing Address 6640 Akers Mill Rd SE Apt 5201

City

Atlanta

State

GA

Zip Code

30339-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Intercontinental Exchange

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2019

Transaction ID : SA11AI.100916

Amount of Each Receipt this Period

105.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turpish, John, , ,

Mailing Address 6640 Akers Mill Rd SE Apt 5201

City
AtlantaState
GAZip Code
30339-2735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Intercontinental ExchangeOccupation (for Individual)
Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2019

Transaction ID : SA11Al.100917

Amount of Each Receipt this Period

105.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vallandigham, Paul, K., ,

Mailing Address 43667 Walden Way

City
HemetState
CAZip Code
92544-5276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2019

Transaction ID : SA11Al.100927

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vest, Beth, , ,

Mailing Address 20096 Campground Rd

City
CovingtonState
LAZip Code
70435-8320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FMOLOccupation (for Individual)
Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2019

Transaction ID : SA11Al.100947

Amount of Each Receipt this Period

505.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

660.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 135

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vincent, Dan, , ,

Mailing Address 1070 Via Del Pozo

City
Los Altos

State
CA

Zip Code
94022-1098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA11Al.100953

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whipple, Krista, , ,

Mailing Address 1528 Alexander Cir

City
Pueblo

State
CO

Zip Code
81001-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Chugach Federal Solutions Inc

Occupation (for Individual)

Communications Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11Al.101053

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wildeman, Warren, , ,

Mailing Address 100 S Birch Rd Apt 1204

City
Fort Lauderdale

State
FL

Zip Code
33316-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2019

Transaction ID : SA11Al.101076

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Richard, , ,

Mailing Address 765 Fork Bixby Rd

City
Advance

State
NC

Zip Code
27006-7223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
value clothing

Occupation (for Individual)
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.101086

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

47582.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 135

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIBERTARIAN PARTY OF COLORADO

Mailing Address 11757 W KEN CARYL AVE
F124

City
LITTLETON

State
CO

Zip Code
80127

FEC ID number of contributing
federal political committee.

C C00623397

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

02 / **11** / **2019**

Transaction ID : SA12.101418

Amount of Each Receipt this Period

180.00

☐ Memo Item

Transfer from State Party Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIBERTARIAN PARTY OF OHIO

Mailing Address 6230 BUSCH BLVD
SUITE 102

City
COLUMBUS

State
OH

Zip Code
43229

FEC ID number of contributing
federal political committee.

C C00461244

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

02 / **11** / **2019**

Transaction ID : SA12.101420

Amount of Each Receipt this Period

175.00

☐ Memo Item

Transfer from State Party Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 135

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ingraham, Irving, , , Jr.

Mailing Address 115 Federal St

City
Salem

State
MA

Zip Code
01970-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Shore Physicians Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2019

Transaction ID : SA17.99487

Amount of Each Receipt this Period

250.00

☐ Memo Item

Headquarters Account - Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, David, R., Mr.,

Mailing Address 2234 E Crosby Rd

City
Carrollton

State
TX

Zip Code
75006-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Verizon Wireless

Occupation (for Individual)
Telecom Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2019

Transaction ID : SA17.99850

Amount of Each Receipt this Period

500.00

☐ Memo Item

Headquarters Account - Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Opat, Steven, , ,

Mailing Address 5090 Sardis Rd

City
Murrysville

State
PA

Zip Code
15668-9533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Honeywell

Occupation (for Individual)
Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2019

Transaction ID : SA17.100112

Amount of Each Receipt this Period

250.00

☐ Memo Item

Headquarters Account - Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 135

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reinhart, Steven, , ,

Mailing Address PO Box 1541

City
Ridgefield

State
WA

Zip Code
98642-0019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / **22** / **2019**

Transaction ID : SA17.100347

Amount of Each Receipt this Period

250.00

☐ Memo Item

Headquarters Account - Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Curry, B., Dr.,

Mailing Address 2813 Willow Ridge Drive

City
Garland

State
TX

Zip Code
75044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Instruments

Occupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

02 / **25** / **2019**

Transaction ID : SA17.100807

Amount of Each Receipt this Period

105.00

☐ Memo Item

Headquarters Account - Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

355.00

TOTAL This Period (last page this line number only)..... ►

1355.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. A & D Cleaning Service, LLC

Mailing Address 2878 Ft. Scott Dr. #101

City
ArlingtonState
VAZip Code
22202-2347Purpose of Disbursement
Cleaning

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C**Transaction ID : SB21B.10117**

Amount of Each Disbursement this Period

165.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. A & D Cleaning Service, LLC

Mailing Address 2878 Ft. Scott Dr. #101

City
ArlingtonState
VAZip Code
22202-2347Purpose of Disbursement
Cleaning

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.10117**

Amount of Each Disbursement this Period

165.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AgendaPop - OpenConcept Systems, Inc.

Mailing Address 6752 Old McLean Village Dr

City
McLeanState
VAZip Code
22101-0000Purpose of Disbursement
Software

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.10118**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1830.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address 1200 12th Avenue South #1200

City
SeattleState
WAZip Code
98144-2734Purpose of Disbursement
Office Supplies

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

39.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon Cloud Services

Mailing Address 1200 12th Avenue South #1200

City
SeattleState
WAZip Code
98144-2734Purpose of Disbursement
Cloud Web Server

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C**Transaction ID : SB21B.10119**

Amount of Each Disbursement this Period

20.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. B & B Duplicators

Mailing Address 818 18th Street NW LL15

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Non Candidate Party Printing and Mailing

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C**Transaction ID : SB21B.10133**

Amount of Each Disbursement this Period

1139.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1139.50

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101214

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: SB21B

Transaction ID: SB21B.101199

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. B & B Duplicators

Mailing Address 818 18th Street NW LL15

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Non Candidate Party Printing and Mailing Serv

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2019

FEC Identification Number

C

Transaction ID : SB21B.10118

Amount of Each Disbursement this Period

442.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T - Branch Banking & Trust

Mailing Address 1717 King St

City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Credit Card Interest

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2019

FEC Identification Number

C

Transaction ID : SB21B.10120

Amount of Each Disbursement this Period

161.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T - Branch Banking & Trust

Mailing Address 1717 King St

City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Bank Service Charge

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2019

FEC Identification Number

C

Transaction ID : SB21B.10118

Amount of Each Disbursement this Period

266.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

708.93

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101200

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. BB&T Loan Processing Center

Mailing Address PO Box 580050

City
CharlotteState
NCZip Code
28258-0050Purpose of Disbursement
Headquarters Account - Additional Mortgage Payment

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10118

Amount of Each Disbursement this Period

 10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Loan Processing Center

Mailing Address PO Box 580050

City
CharlotteState
NCZip Code
28258-0050Purpose of Disbursement
Mortgage Payment

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10119

Amount of Each Disbursement this Period

 856.09☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T Visa

Mailing Address P.O. BOX 580340

City
CharlotteState
NCZip Code
28258-0340Purpose of Disbursement
Credit Card Payment (See Memos)

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	8		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

 3513.92☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 14370.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. BB&T Visa

Mailing Address P.O. BOX 580340

City
CharlotteState
NCZip Code
28258-0340Purpose of Disbursement
Credit Card Payment (See Memos)

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

C Transaction ID : SB21B.10134

Amount of Each Disbursement this Period

7043.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Visa

Mailing Address P.O. BOX 580340

City
CharlotteState
NCZip Code
28258-0340Purpose of Disbursement
Credit Card Payment (See Memos)

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C Transaction ID : SB21B.10134

Amount of Each Disbursement this Period

2167.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bianca Frank Designs, LLC

Mailing Address PO Box 231702

City
AnchorageState
AKZip Code
99523-0000Purpose of Disbursement
Administrative Support & Graphic DesignCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C Transaction ID : SB21B.10111

Amount of Each Disbursement this Period

312.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9210.41

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101196

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Bigeye Direct, Inc.

Mailing Address PO Box 710865

City
Oak HillState
VAZip Code
20171-0865Purpose of Disbursement
LP Printing and Mailing Non Candidate

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C**Transaction ID : SB21B.10134**

Amount of Each Disbursement this Period

1768.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blackbaud, Inc.

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256Purpose of Disbursement
Annual Software Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2019

FEC Identification Number

C**Transaction ID : SB21B.10134**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blackbaud, Inc.

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256Purpose of Disbursement
Annual Software Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C**Transaction ID : SB21B.10134**

Amount of Each Disbursement this Period

11702.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14471.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Blackbaud, Inc.

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256Purpose of Disbursement
Annual Software Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10134

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blackbaud, Inc.

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10123

Amount of Each Disbursement this Period

898.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brierly, Elizabeth, C., ,

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021Purpose of Disbursement
Administrative Support Services & Writing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10134

Amount of Each Disbursement this Period

866.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1795.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Brierly, Elizabeth, C., ,

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021Purpose of Disbursement
Administrative Support Services & Writing

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C

Transaction ID : SB21B.10134

Amount of Each Disbursement this Period

1991.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brierly, Elizabeth, C., ,

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021Purpose of Disbursement
Administrative Support Services & Writing

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

C

Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brierly, Elizabeth, C., ,

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021Purpose of Disbursement
Administrative Support Services & Writing

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C

Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3991.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Burns, Andrew, , ,

Mailing Address 2790 Xerxes Ave S Apt 3

City
MinneapolisState
MNZip Code
55416-0000Purpose of Disbursement
Reimbursed Expenses - See Memo

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C **Transaction ID : SB21B.10124**

Amount of Each Disbursement this Period

 47.20☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brainstorm - Astra Theme

Mailing Address 2035 Sunset Lk Rd #B-2

City
NewarkState
DEZip Code
19702-0000Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C **Transaction ID : SB21B.10124**

Amount of Each Disbursement this Period

 47.20☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Burns, Andrew, , ,

Mailing Address 2790 Xerxes Ave S Apt 3

City
MinneapolisState
MNZip Code
55416-0000Purpose of Disbursement
Affiliate Support Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C **Transaction ID : SB21B.10135**

Amount of Each Disbursement this Period

 1160.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1207.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Burns, Andrew, , ,

Mailing Address 2790 Xerxes Ave S Apt 3

City
MinneapolisState
MNZip Code
55416-0000Purpose of Disbursement
Affiliate Support Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

2160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Burns, Andrew, , ,

Mailing Address 2790 Xerxes Ave S Apt 3

City
MinneapolisState
MNZip Code
55416-0000Purpose of Disbursement
Affiliate Support Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

C Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

2160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Burns, Andrew, , ,

Mailing Address 2790 Xerxes Ave S Apt 3

City
MinneapolisState
MNZip Code
55416-0000Purpose of Disbursement
Affiliate Support Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C Transaction ID : SB21B.10124

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4820.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. CareFirst BlueChoice, Inc.

Mailing Address PO Box 79749

City
BaltimoreState
MDZip Code
21279-0749Purpose of Disbursement
Employee health and Dental

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10125

Amount of Each Disbursement this Period

542.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cellular Services t/a DataJack

Mailing Address 14911 Quorum Drive #140

City
DallasState
TXZip Code
75254-0000Purpose of Disbursement
WiFi ServiceCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10121

Amount of Each Disbursement this Period

9.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CiviHosting - TheOpenHost

Mailing Address 4272 Lakeridge Ct.

City
BloomfieldState
MIZip Code
48302-0000Purpose of Disbursement
Voter Database HostingCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10123

Amount of Each Disbursement this Period

350.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

542.25

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101213**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101233**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Clarix Technologies, Inc.

Mailing Address 1000 Pittsford Victor Road #21

City
PittsfordState
NYZip Code
14534-0000Purpose of Disbursement
Adobe Connect Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C Transaction ID : SB21B.10119

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ClearSky24, Inc.

Mailing Address 4440 Lawnview Ave.

City
DallasState
TXZip Code
75227-0000Purpose of Disbursement
LP Political Materials

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C Transaction ID : SB21B.10120

Amount of Each Disbursement this Period

835.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address PO Box 3006

City
SoutheasternState
PAZip Code
19398-3006Purpose of Disbursement
Cable and Internet

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C Transaction ID : SB21B.10115

Amount of Each Disbursement this Period

193.56

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

: 97 `A -G7 9 @ @ B9CI G`H9LH`F9 @ H98 `HC`5`F9DCFH`G7 <98I @ `CF`H9A`N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101197**

See BB&T Visa 02/08 & 02/13 & 02/20 Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101206**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101198

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgeway Circle

City
SterlingState
VAZip Code
20166-6501Purpose of Disbursement
Copier Maintenance & Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

819.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgeway Circle

City
SterlingState
VAZip Code
20166-6501Purpose of Disbursement
Copier Maintenance & Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

346.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. County Line

Mailing Address 512 E Riverside Dr #200

City
AustinState
TXZip Code
78704-0000Purpose of Disbursement
Travel - FoodCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10122

Amount of Each Disbursement this Period

40.55

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1166.70

TOTAL This Period (last page this line number only)..... ►

: 97 'A -G79 @ @ B9CI G'H9LH'F9 @ H98 'HC '5 'F9DCFHŽG7 <98I @ 'CF 'H9A -N5 HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101224

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. CSC - Corp. Services Co.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2019

Mailing Address PO Box 13397

City
PhiladelphiaState
PAZip Code
19101-3397Purpose of Disbursement
Corporation Rep Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C Transaction ID : SB21B.10135

Amount of Each Disbursement this Period

762.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Custom Ink, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

Mailing Address PO BOX 198399

City
AtlantaState
GAZip Code
30384-8399Purpose of Disbursement
LP Political MaterialsCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C Transaction ID : SB21B.10120

Amount of Each Disbursement this Period

336.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Daugherty, Lauren, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

Mailing Address 5236 Lake Shore Dr

City
WacoState
TXZip Code
76710-1733Purpose of Disbursement
Expense Reimbursement see Memo

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C Transaction ID : SB21B.10125

Amount of Each Disbursement this Period

163.56

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

925.56

TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101207

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Postmaster - USPS HQ

Mailing Address 475 L'Enfant Plaza SW #4446

City
WashingtonState
DCZip Code
20260-4446Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C**Transaction ID : SB21B.10125**

Amount of Each Disbursement this Period

163.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Daugherty, Lauren, , ,

Mailing Address 5236 Lake Shore Dr

City
WacoState
TXZip Code
76710-1733Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2019

FEC Identification Number

C**Transaction ID : SB21B.10125**

Amount of Each Disbursement this Period

2629.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daugherty, Lauren, , ,

Mailing Address 5236 Lake Shore Dr

City
WacoState
TXZip Code
76710-1733Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.10125**

Amount of Each Disbursement this Period

2629.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5259.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Digital Ocean, Inc.

Mailing Address 101 6th Ave

City
New YorkState
NYZip Code
10013-0000Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2019			

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Dixon, Eric, D., Mr.,

Mailing Address 2643 Arlington Dr Apt 304

City
AlexandriaState
VAZip Code
22306-3618Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			06			2019			

FEC Identification Number

C**Transaction ID : SB21B.10125**

Amount of Each Disbursement this Period

1701.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dixon, Eric, D., Mr.,

Mailing Address 2643 Arlington Dr Apt 304

City
AlexandriaState
VAZip Code
22306-3618Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			20			2019			

FEC Identification Number

C**Transaction ID : SB21B.10125**

Amount of Each Disbursement this Period

1701.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3403.50

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101218

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Dominion Virginia Power

Mailing Address PO Box 26543

City
RichmondState
VAZip Code
23290-0001Purpose of Disbursement
Electric

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

472.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dunbar, Dominick, J., Mr.,

Mailing Address 75 Aquia Creek Rd

City
StaffordState
VAZip Code
22554-5528Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	6		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

21.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dunbar, Dominick, J., Mr.,

Mailing Address 75 Aquia Creek Rd

City
StaffordState
VAZip Code
22554-5528Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

102.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

596.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Duracard, Inc.

Mailing Address 8800 Foundry St.

City
SavageState
MDZip Code
20763-9512Purpose of Disbursement
Membership Card Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

1308.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Edwards, Paula, , ,

Mailing Address 1200 G Street, N.W. Suite 800

City
WashingtonState
DCZip Code
20005-0000Purpose of Disbursement
Fec Filing and Amendments

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10126**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook, Inc.

Mailing Address 1601 S. California Ave

City
Palo AltoState
CAZip Code
94304-0000Purpose of Disbursement
Facebook Widget Ad Charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

120.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101211**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101203**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. FastSpring Live

Mailing Address 801 Garden Street

City
Santa BarbaraState
CAZip Code
93101-0000Purpose of Disbursement
FB Video Interface

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10120**

Amount of Each Disbursement this Period

14.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Fields, Richard, G., Mr.,

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566Purpose of Disbursement
Press Release Writing and Editing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10135**

Amount of Each Disbursement this Period

535.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fields, Richard, G., Mr.,

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566Purpose of Disbursement
Press Release Writing and Editing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10135**

Amount of Each Disbursement this Period

529.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1064.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101204

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Fields, Richard, G., Mr.,

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566Purpose of Disbursement
Press Release Writing and Editing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	3				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

460.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fields, Richard, G., Mr.,

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566Purpose of Disbursement
Press Release Writing and Editing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

97.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Unemployment

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	5				2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

58.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

616.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Company

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10126

Amount of Each Disbursement this Period

200.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Employee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

200.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Company

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

858.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1259.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Employee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

858.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Withholding

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

1641.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Unemployment

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2019

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

16.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2515.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Company

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

196.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Medicare Employee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

196.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Company

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

840.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1233.31

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Social Security Employee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

840.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City
St. LouisState
MOZip Code
63197-0030Purpose of Disbursement
Federal Withholding

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10127

Amount of Each Disbursement this Period

1615.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FP Mailing Solutions

Mailing Address PO Box 4510

City
Carol StreamState
ILZip Code
60197-4510Purpose of Disbursement
Postage & Meter Resets

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10128

Amount of Each Disbursement this Period

2350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4805.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. GoDaddy.com, Inc.

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	9		

Mailing Address 14455 N Hayden Rd # 226

City
ScottsdaleState
AZZip Code
85260-6993Purpose of Disbursement
Domain Renewals & Transfers

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.10120**

Amount of Each Disbursement this Period

584.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Google, Inc.

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	9		

Mailing Address 1600 Amphitheatre Prky

City
Mt. ViewState
CAZip Code
94043-1351Purpose of Disbursement
Software

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Great American Leasing

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	2		2	0		2	0	1	9		

Mailing Address PO Box 660831

City
DallasState
TXZip Code
75266-0831Purpose of Disbursement
Post Meter Lease Agreement

Candidate Name

001
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.10128**

Amount of Each Disbursement this Period

407.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

407.06

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101201**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101219**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Gura, PLLC

Mailing Address 906 Price St, Ste 107

City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Legal Expense

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gura, PLLC

Mailing Address 906 Price St, Ste 107

City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Legal Expense

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hall, Oliver, , ,

Mailing Address 1835 16th St NW #5

City
WashingtonState
DCZip Code
20009-0000Purpose of Disbursement
Legal Retainer

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

4500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Harris, Tyler, John, ,

Mailing Address 6954 Gillis Way

City
GainesvilleState
VAZip Code
20155-1697Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	9		

FEC Identification Number

C **Transaction ID : SB21B.10128**

Amount of Each Disbursement this Period

 979.72☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harris, Tyler, John, ,

Mailing Address 6954 Gillis Way

City
GainesvilleState
VAZip Code
20155-1697Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0	1	9		

FEC Identification Number

C **Transaction ID : SB21B.10128**

Amount of Each Disbursement this Period

 771.40☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hilton Hotels Inc.

Mailing Address 9336 Civic Center Drive

City
Beverly HillsState
CAZip Code
90210-0000Purpose of Disbursement
Travel - Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C **Transaction ID : SB21B.10122**

Amount of Each Disbursement this Period

 725.64☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1751.12

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101227

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. HotelTonight, Inc.

Mailing Address 901 Market St #310

City
San FranciscoState
CAZip Code
94103-0000Purpose of Disbursement
Travel - Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10122**

Amount of Each Disbursement this Period

72.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. IContact, Inc.

Mailing Address 5221 Paramount Parkway

City
MorrisvilleState
NCZip Code
27560-0000Purpose of Disbursement
Email Marketing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10120**

Amount of Each Disbursement this Period

853.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Inkelope, Inc.

Mailing Address 101 Memorial Dr #109

City
ChattanoogaState
TNZip Code
37415-0000Purpose of Disbursement
LP Printing and Mailing Non Candidate

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

142.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101229**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101202**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101208

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Intuit Software

Mailing Address PO Box 30015

City
RenoState
NVZip Code
89520-3015Purpose of Disbursement
Accounting Software and Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10119**

Amount of Each Disbursement this Period

102.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. John Companies Collocation

Mailing Address 5482 Complex St #114

City
San DiegoState
CAZip Code
92123-0000Purpose of Disbursement
Mail-List Server

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

418.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Johnston, Robert, S., Mr., III

Mailing Address PO Box 1633

City
Bel AirState
MDZip Code
21014-7633Purpose of Disbursement
Contract Labor Administration Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

001
Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10136**

Amount of Each Disbursement this Period

1350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101194**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101210**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Johnston, Robert, S., Mr., III

Mailing Address PO Box 1633

City
Bel AirState
MDZip Code
21014-7633Purpose of Disbursement
Contract Labor Administration Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼001
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2019

FEC Identification Number

C Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

2160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Johnston, Robert, , ,

Mailing Address P. O. Box 35064

City
BaltimoreState
MDZip Code
21222-5064Purpose of Disbursement
Contract labor admin services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)001
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2019

FEC Identification Number

C Transaction ID : SB21B.10128

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Johnston, Robert, , ,

Mailing Address P. O. Box 35064

City
BaltimoreState
MDZip Code
21222-5064Purpose of Disbursement
Contract labor admin services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼001
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2019

FEC Identification Number

C Transaction ID : SB21B.10125

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3660.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Konica Minolta Premier

Mailing Address PO Box 41602

City
PhiladelphiaState
PAZip Code
19101-1602Purpose of Disbursement
Copier Lease

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10136

Amount of Each Disbursement this Period

594.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kraus, Robert, S., ,Mailing Address 205 Yoakum Pkwy
Apt 1111City
AlexandriaState
VAZip Code
22304-3857Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10129

Amount of Each Disbursement this Period

1671.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kraus, Robert, S., ,Mailing Address 205 Yoakum Pkwy
Apt 1111City
AlexandriaState
VAZip Code
22304-3857Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10125

Amount of Each Disbursement this Period

1671.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3937.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. LightSpace Studios, Inc.

Mailing Address 1242 W 134th St.

City
GardenaState
CAZip Code
90247-0000Purpose of Disbursement
TV Studio Rental

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10123**

Amount of Each Disbursement this Period

1290.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Luckey, Denise, , ,

Mailing Address 1367 Hickory Hills Dr.

City
MurchisonState
TXZip Code
75778Purpose of Disbursement
Administrative Support and Graphic Design

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10136**

Amount of Each Disbursement this Period

707.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Master Print, Inc.

Mailing Address PO Box 1467

City
NewingtonState
VAZip Code
22122-1467Purpose of Disbursement
Non Candidate Party Printing Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10137**

Amount of Each Disbursement this Period

399.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1106.77

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101231

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Master Print, Inc.

Mailing Address PO Box 1467

City
NewingtonState
VAZip Code
22122-1467Purpose of Disbursement
Non Candidate Party Printing Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C

Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

556.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mears, Jessica, , Ms.,Mailing Address 1600 Prince St
Apt 104City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2019

FEC Identification Number

C

Transaction ID : SB21B.10129

Amount of Each Disbursement this Period

1673.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mears, Jessica, , Ms.,Mailing Address 1600 Prince St
Apt 104City
AlexandriaState
VAZip Code
22314-0000Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C

Transaction ID : SB21B.10125

Amount of Each Disbursement this Period

1673.68

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3903.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 890 Mountain Ave

City
New ProvidenceState
NJZip Code
07974-0000Purpose of Disbursement
Merch Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C

Transaction ID : SB21B.10129

Amount of Each Disbursement this Period

360.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Miller's Office Products, Inc.

Mailing Address PO Box 1537

City
NewingtonState
VAZip Code
22122-1537Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

105.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Miller's Office Products, Inc.

Mailing Address PO Box 1537

City
NewingtonState
VAZip Code
22122-1537Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C

Transaction ID : SB21B.10131

Amount of Each Disbursement this Period

284.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Miller's Office Products, Inc.

Mailing Address PO Box 1537

City
NewingtonState
VAZip Code
22122-1537Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

51.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Nye Printing

Mailing Address 3115 N Robinson Dr.

City
WacoState
TXZip Code
76706-0000Purpose of Disbursement
LP Printing and Mailing Non CandidateCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				3	1		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10120

Amount of Each Disbursement this Period

54.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. OnTimeTelecom, LLC.

Mailing Address 235 Apollo Beach Blvd, Suite 307

City
Apollo BeachState
FLZip Code
33572-0000Purpose of Disbursement
Text Messaging ServicesCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				3	1		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10122

Amount of Each Disbursement this Period

19.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

51.95

TOTAL This Period (last page this line number only)..... ►

: 97 `A -G7 9 @ @ 5 B9 CI G`H9 LH`F9 @ 5 H98 `HC`5`F9 DCFHŽG7 <98 I @ `CF`+H9 A -N5 H-CB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101209**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101221**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Oquirrh Mountain Strategies, LLC

Mailing Address 8831 W State Highway

City
CoppertonState
UTZip Code
84006-0000Purpose of Disbursement
Candidate Recruitment & Support Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

1373.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Oquirrh Mountain Strategies, LLC

Mailing Address 8831 W State Highway

City
CoppertonState
UTZip Code
84006-0000Purpose of Disbursement
Candidate Recruitment & Support Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

1373.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal Merchant Services

Mailing Address 2211 N. First St.

City
San JoseState
CAZip Code
95131-0000Purpose of Disbursement
Merch Processing FeeCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C

Transaction ID : SB21B.10121

Amount of Each Disbursement this Period

230.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2747.82

TOTAL This Period (last page this line number only).....▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101212

See BB&T Visa 02/08 & 02/13 & 02/20

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. PayPal Merchant Services

Mailing Address 2211 N. First St.

City
San JoseState
CAZip Code
95131-0000Purpose of Disbursement
Merch Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

1356.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PNC Visa Card

Mailing Address P.O. Box 856176

City
LouisvilleState
KYZip Code
40285-6176Purpose of Disbursement
PNC Visa Card Payment

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

223.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lexis-Nexis t/a Accurant

Mailing Address P.O. Box 538358

City
AtlantaState
GAZip Code
30353-8358Purpose of Disbursement
Address and Phone Verification Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2019

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

114.75

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1579.95

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Adobe Systems

Mailing Address 801 N. 324th St.

City
SeattleState
WAZip Code
98103-8882Purpose of Disbursement
Adobe Cloud Software Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	4		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

52.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Wufoo.com

Mailing Address 285 Hamilton Avenue Suite 500

City
Palo AltoState
CAZip Code
94301-0000Purpose of Disbursement
Internet Forms

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	9		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

19.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Telecompute Corporation

Mailing Address P.O. Box 413138

City
Salt Lake CityState
UTZip Code
84141-3138Purpose of Disbursement
1-800 Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	1		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10130

Amount of Each Disbursement this Period

37.08

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Postmaster - USPS HQ

Mailing Address 475 L'Enfant Plaza SW #4446

City
WashingtonState
DCZip Code
20260-4446Purpose of Disbursement
Postage for Fundraising Letters

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

52.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. QuickBooks Payroll Service

Mailing Address PO Box 30015

City
RenoState
NVZip Code
89520-3015Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10131**

Amount of Each Disbursement this Period

141.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QuickBooks Payroll Service

Mailing Address PO Box 30015

City
RenoState
NVZip Code
89520-3015Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10131**

Amount of Each Disbursement this Period

22.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

164.50

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101215

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Round House Sq UOA

Mailing Address 6231 Leesburg Pk #100

City
Falls ChurchState
VAZip Code
22044-0000Purpose of Disbursement
Association Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10131**

Amount of Each Disbursement this Period

219.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ruth Chris Hosp Group, Inc.

Mailing Address 1030 West Canton Avenue. Suite 100

City
Winter ParkState
FLZip Code
32789-0000Purpose of Disbursement
Travel - Food

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10122**

Amount of Each Disbursement this Period

2977.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Sarwark, Nicholas, J., Mr.,

Mailing Address 2309 E Virginia Ave

City
PhoenixState
AZZip Code
85006-1329Purpose of Disbursement
Travel Expense Reimbursement see Memo

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.10131**

Amount of Each Disbursement this Period

407.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

627.51

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101226

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Southwest

Mailing Address PO Box 36662

City
DallasState
TXZip Code
75235-6662Purpose of Disbursement
Travel - Air

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10131

Amount of Each Disbursement this Period

407.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

FEC Identification Number

C Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2019

FEC Identification Number

C Transaction ID : SB21B.10137

Amount of Each Disbursement this Period

830.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2330.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Schultz, Cara, , ,

Mailing Address 30 Walden St.

City
BurnsvilleState
MNZip Code
55337-0000Purpose of Disbursement
Candidate Recruitment and Support Service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.10137**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36662

City
DallasState
TXZip Code
75235-6682Purpose of Disbursement
Travel - Air

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2019

FEC Identification Number

C**Transaction ID : SB21B.10131'**

Amount of Each Disbursement this Period

407.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Stigler Printing

Mailing Address Box 549 - 204 S. Broadway

City
StiglerState
OKZip Code
74462-0000Purpose of Disbursement
LP News Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2019

FEC Identification Number

C**Transaction ID : SB21B.10137**

Amount of Each Disbursement this Period

4627.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5127.62

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101317

See Sarwark, Nicholas 02-14-19

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. StorQuest

Mailing Address 16980 Cottonwood Drive

City
ParkerState
COZip Code
80134-0000Purpose of Disbursement
Storage Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2019			

FEC Identification Number

C**Transaction ID : SB21B.10122**

Amount of Each Disbursement this Period

287.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Texas Workforce Commission

Mailing Address P.O. Box 149037

City
AustinState
TXZip Code
78714-9037Purpose of Disbursement
TX - Unemployment Company

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2019			

FEC Identification Number

C**Transaction ID : SB21B.10132**

Amount of Each Disbursement this Period

73.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thexton, Matthew, A., Mr.,

Mailing Address PO Box 6232

City
Falls ChurchState
VAZip Code
22040-6232Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			06			2019			

FEC Identification Number

C**Transaction ID : SB21B.10132**

Amount of Each Disbursement this Period

1193.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1267.69

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101220

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Thexton, Matthew, A., Mr.,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2019

Mailing Address PO Box 6232

City
Falls ChurchState
VAZip Code
22040-6232Purpose of Disbursement
Employee Net Pay

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.10132

Amount of Each Disbursement this Period

1102.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Typeform c/of WPS, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

Mailing Address P.O. Box 81226

City
SeattleState
WAZip Code
98108-1226Purpose of Disbursement
Internet FormsCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.10120

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

Mailing Address 1455 Market St Fl 4

City
San FranciscoState
CAZip Code
94103-0000Purpose of Disbursement
Travel - CarCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.10122

Amount of Each Disbursement this Period

43.01

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1102.99

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: **SB21B**

Transaction ID : **SB21B.101205**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.101222**

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. ULine, Inc.

Mailing Address PO Box 88741

City
ChicagoState
ILZip Code
60680-1741Purpose of Disbursement
Shipping Supplies

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

214.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UStream.TV

Mailing Address 410 Townsend St

City
San FranciscoState
CAZip Code
94107-0000Purpose of Disbursement
Video Streaming Fee

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C**Transaction ID : SB21B.10123**

Amount of Each Disbursement this Period

99.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Vanguard - Ascensus

Mailing Address PO Box 28067

City
New YorkState
NYZip Code
10087-8067Purpose of Disbursement
LP 401k Contributions & Match

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2019

FEC Identification Number

C**Transaction ID : SB21B.10132**

Amount of Each Disbursement this Period

978.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

978.24

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101217

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule: SB21B

Transaction ID: SB21B.101232

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Vanguard - Ascensus

Mailing Address PO Box 28067

City
New YorkState
NYZip Code
10087-8067Purpose of Disbursement
LP 401K Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10132

Amount of Each Disbursement this Period

823.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vanguard - Ascensus

Mailing Address PO Box 28067

City
New YorkState
NYZip Code
10087-8067Purpose of Disbursement
LP 401k Contributions & Match

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	8		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

978.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Unemployment Company

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	5		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

38.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1840.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Withholding

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

617.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Unemployment Company

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

16.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
RichmondState
VAZip Code
23261-6644Purpose of Disbursement
VA - Withholding

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.10133

Amount of Each Disbursement this Period

595.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1228.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Whitaker Brothers, Inc.

Mailing Address 3 Taft Court

City
RockvilleState
MDZip Code
20850-0000Purpose of Disbursement
Postage Meter Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2019

FEC Identification Number

C**Transaction ID : SB21B.10121**

Amount of Each Disbursement this Period

271.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Windstream - Broadview

Mailing Address PO Box 9242

City
UniondaleState
NYZip Code
11555-9242Purpose of Disbursement
Phone system and usage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2019

FEC Identification Number

C**Transaction ID : SB21B.10137**

Amount of Each Disbursement this Period

1084.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1084.06

122929.16

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SB21B

Transaction ID : SB21B.101216

Ultimate vendor for BB&T Visa payments 2/8/2019 in the amount of \$3,513.92, 2/13/2019 in the amount of \$7,043.38, and 2/20/2019 in the amount of \$2,167.03. Unable to link ultimate vendor to debt payment entry using FECfile.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 120 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AgendaPop - OpenConcept Systems, Inc.

Nature of Debt (Purpose):

Software

Mailing Address 6752 Old McLean Village Dr

City
McLeanState
VAZip Code
22101-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101447

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

B & B Duplicators

Nature of Debt (Purpose):

Non Candidate Party Printing Service

Mailing Address 818 18th Street NW LL15

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

1139.50

Transaction ID : SD10.98102

Amount Incurred This Period

0.00

Payment This Period

1139.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

B & B Duplicators

Nature of Debt (Purpose):

Non Candidate Party Printing Service

Mailing Address 818 18th Street NW LL15

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101423

Amount Incurred This Period

1192.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1192.50

1) SUBTOTALS This Period This Page (optional)..... ►

2692.50

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 121 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BB&T - Branch Banking & TrustNature of Debt (Purpose):
Credit Card Charges

Mailing Address 1717 King St

City
AlexandriaState
VAZip Code
22314-0000

Outstanding Balance Beginning This Period

12724.33

Transaction ID : SD10.98103

Amount Incurred This Period

0.00

Payment This Period

12724.33

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BB&T VisaNature of Debt (Purpose):
Credit Card Charges

Mailing Address P.O. BOX 580340

City
CharlotteState
NCZip Code
28258-0340

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101424

Amount Incurred This Period

7182.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

7182.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bigeye Direct, Inc.Nature of Debt (Purpose):
Non Candidate Party Printing Service

Mailing Address PO Box 710865

City
Oak HillState
VAZip Code
20171-0865

Outstanding Balance Beginning This Period

1768.71

Transaction ID : SD10.98104

Amount Incurred This Period

0.00

Payment This Period

1768.71

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7182.85

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 122 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bigeye Direct, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Service

Mailing Address PO Box 710865

City
Oak HillState
VAZip Code
20171-0865

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101425

Amount Incurred This Period

1455.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

1455.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bigeye Direct, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Service

Mailing Address PO Box 710865

City
Oak HillState
VAZip Code
20171-0865

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101426

Amount Incurred This Period

1666.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

1666.59

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blackbaud, Inc.

Nature of Debt (Purpose):

Annual License Fee

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256

Outstanding Balance Beginning This Period

12702.33

Transaction ID : SD10.94929

Amount Incurred This Period

0.00

Payment This Period

12702.33

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3122.54

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 123 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blackbaud, Inc.Nature of Debt (Purpose):
Merchant Fee

Mailing Address P.O. Box 930256

City
AtlantaState
GAZip Code
31193-0256

Outstanding Balance Beginning This Period

30.00

Transaction ID : SD10.98105

Amount Incurred This Period

0.00

Payment This Period

30.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Brierly, Elizabeth, C., ,Nature of Debt (Purpose):
Administrative Support Services/Editing

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021

Outstanding Balance Beginning This Period

9598.34

Transaction ID : SD10.94931

Amount Incurred This Period

0.00

Payment This Period

4858.34

Outstanding Balance at Close of This Period

4740.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Brierly, Elizabeth, C., ,Nature of Debt (Purpose):
Administrative Support Services/Editing

Mailing Address PO Box 611021

City
San JoseState
CAZip Code
95161-1021

Outstanding Balance Beginning This Period

1143.33

Transaction ID : SD10.98106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1143.33

1) **SUBTOTALS** This Period This Page (optional)..... ►

5883.33

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 124 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Affiliate Support Services

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

3320.00

Transaction ID : SD10.94935

Amount Incurred This Period

0.00

Payment This Period

3320.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Affiliate Support Services

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

2160.00

Transaction ID : SD10.98107

Amount Incurred This Period

0.00

Payment This Period

2160.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Affiliate Support Services

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101429

Amount Incurred This Period

1660.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1660.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1660.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 125 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Affiliate Support Services

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101431

Amount Incurred This Period

2160.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2160.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Reimbursable Expenses

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101432

Amount Incurred This Period

162.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

162.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Andrew, , ,

Nature of Debt (Purpose):

Affiliate Support Services

Mailing Address 2790 Xerxes Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55416-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101430

Amount Incurred This Period

2160.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2160.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4482.04

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 126 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Commonwealth Digital Office Solutions

Nature of Debt (Purpose):

Copier Maintenance and Supplies

Mailing Address 21205 Ridgetop Circle

City
SterlingState
VAZip Code
20166-6501

Outstanding Balance Beginning This Period

819.99

Transaction ID : SD10.94945

Amount Incurred This Period

0.00

Payment This Period

819.99

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Commonwealth Digital Office Solutions

Nature of Debt (Purpose):

Copier Maintenance and Supplies

Mailing Address 21205 Ridgetop Circle

City
SterlingState
VAZip Code
20166-6501

Outstanding Balance Beginning This Period

346.71

Transaction ID : SD10.98108

Amount Incurred This Period

0.00

Payment This Period

346.71

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CSC - Corp. Services Co.

Nature of Debt (Purpose):

Corporate Services

Mailing Address PO Box 13397

City
PhiladelphiaState
PAZip Code
19101-3397

Outstanding Balance Beginning This Period

762.00

Transaction ID : SD10.94946

Amount Incurred This Period

0.00

Payment This Period

762.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 127 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fields, Richard, G., Mr.,

Nature of Debt (Purpose):
Press Release Editing

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566

Outstanding Balance Beginning This Period

1064.00

Transaction ID : SD10.94947

Amount Incurred This Period

0.00

Payment This Period

1064.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fields, Richard, G., Mr.,

Nature of Debt (Purpose):
Press Release Editing

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566

Outstanding Balance Beginning This Period

460.00

Transaction ID : SD10.98109

Amount Incurred This Period

0.00

Payment This Period

460.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fields, Richard, G., Mr.,

Nature of Debt (Purpose):
Press Release Editing

Mailing Address 1915 Alicante St

City
DavisState
CAZip Code
95618-6566

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101433

Amount Incurred This Period

460.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

460.00

1) SUBTOTALS This Period This Page (optional)..... ►

460.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 128 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gura, PLLCNature of Debt (Purpose):
Legal Expenses

Mailing Address 906 Price St, Ste 107

City
AlexandriaState
VAZip Code
22314-0000

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.98110

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hall, Oliver, , ,Nature of Debt (Purpose):
Legal Retainer

Mailing Address 1835 16th St NW #5

City
WashingtonState
DCZip Code
20009-0000

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.98112

Amount Incurred This Period

0.00

Payment This Period

4500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hall, Oliver, , ,Nature of Debt (Purpose):
Legal Retainer

Mailing Address 1835 16th St NW #5

City
WashingtonState
DCZip Code
20009-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101434

Amount Incurred This Period

4500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 129 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Administrative Support Services

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

1350.00

Transaction ID : SD10.98113

Amount Incurred This Period

0.00

Payment This Period

1350.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Administrative Support Services

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

2160.00

Transaction ID : SD10.98114

Amount Incurred This Period

0.00

Payment This Period

2160.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Administrative Support Services

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101435

Amount Incurred This Period

660.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

660.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

660.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 130 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Administrative Support Services

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101436

Amount Incurred This Period

1971.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1971.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Administrative Support Services

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101437

Amount Incurred This Period

1944.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1944.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Konica Minolta Premier

Nature of Debt (Purpose):

Copier Lease

Mailing Address PO Box 41602

City

Philadelphia

State

PA

Zip Code

19101-1602

Outstanding Balance Beginning This Period

594.43

Transaction ID : SD10.98115

Amount Incurred This Period

0.00

Payment This Period

594.43

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3915.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 131 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Konica Minolta PremierNature of Debt (Purpose):
Copier Lease

Mailing Address PO Box 41602

City
PhiladelphiaState
PAZip Code
19101-1602

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101438

Amount Incurred This Period

565.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

565.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Luckey, Denise, , ,Nature of Debt (Purpose):
Administrative Support Services; Editing

Mailing Address 1367 Hickory Hills Dr.

City
MurchisonState
TXZip Code
75778

Outstanding Balance Beginning This Period

707.25

Transaction ID : SD10.94952

Amount Incurred This Period

0.00

Payment This Period

707.25

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Luckey, Denise, , ,Nature of Debt (Purpose):
Administrative Support Services; Editing

Mailing Address 1367 Hickory Hills Dr.

City
MurchisonState
TXZip Code
75778

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101439

Amount Incurred This Period

2320.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

2886.37

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 132 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Services

Mailing Address PO Box 1467

City

Newington

State

VA

Zip Code

22122-1467

Outstanding Balance Beginning This Period

399.52

Transaction ID : SD10.94953

Amount Incurred This Period

0.00

Payment This Period

399.52

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Services

Mailing Address PO Box 1467

City

Newington

State

VA

Zip Code

22122-1467

Outstanding Balance Beginning This Period

556.50

Transaction ID : SD10.98116

Amount Incurred This Period

0.00

Payment This Period

556.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Services

Mailing Address PO Box 1467

City

Newington

State

VA

Zip Code

22122-1467

Outstanding Balance Beginning This Period

579.82

Transaction ID : SD10.98117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

579.82

1) **SUBTOTALS** This Period This Page (optional)..... ►

579.82

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 133 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Services

Mailing Address PO Box 1467

City

Newington

State

VA

Zip Code

22122-1467

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101440

Amount Incurred This Period

568.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

568.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing Services

Mailing Address PO Box 1467

City

Newington

State

VA

Zip Code

22122-1467

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101441

Amount Incurred This Period

1256.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1256.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PROLEC

Nature of Debt (Purpose):

Electrical Repairs

Mailing Address 5380-I Eisenhower Ave

City

Alexandria

State

VA

Zip Code

22304-4818

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101442

Amount Incurred This Period

825.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

825.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2649.16

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 134 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Schultz, Cara, , ,

Nature of Debt (Purpose):

Recruitment and Support Service

Mailing Address 30 Walden St.

City

Burnsville

State

MN

Zip Code

55337-0000

Outstanding Balance Beginning This Period

6430.00

Transaction ID : SD10.94956

Amount Incurred This Period

0.00

Payment This Period

4330.00

Outstanding Balance at Close of This Period

2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Schultz, Cara, , ,

Nature of Debt (Purpose):

Recruitment and Support Service

Mailing Address 30 Walden St.

City

Burnsville

State

MN

Zip Code

55337-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101444

Amount Incurred This Period

2250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Schultz, Cara, , ,

Nature of Debt (Purpose):

Recruitment and Support Service

Mailing Address 30 Walden St.

City

Burnsville

State

MN

Zip Code

55337-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101443

Amount Incurred This Period

3160.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3160.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7510.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 135 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stigler Printing

Nature of Debt (Purpose):

Non Candidate Party Printing

Mailing Address Box 549 - 204 S. Broadway

City
StiglerState
OKZip Code
74462-0000

Outstanding Balance Beginning This Period

4627.62

Transaction ID : SD10.94957

Amount Incurred This Period

0.00

Payment This Period

4627.62

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tadpole Collective

Nature of Debt (Purpose):

CiviCRM Affiliate Database Project

Mailing Address 353 W 48th St #328

City
New YorkState
NYZip Code
10036-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.101445

Amount Incurred This Period

2718.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

2718.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Windstream - Broadview

Nature of Debt (Purpose):

Telephone system

Mailing Address PO Box 9242

City
UniondaleState
NYZip Code
11555-9242

Outstanding Balance Beginning This Period

1084.06

Transaction ID : SD10.98118

Amount Incurred This Period

0.00

Payment This Period

1084.06

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2718.75

2) **TOTALS** This Period (last page this line number only)..... ►

54402.36

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

54402.36